

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>8/23/03</u>		2 Serial/Patent # <u>09/894,352</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input type="checkbox"/>	Filing		\$						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input checked="" type="checkbox"/>	Issue	<u>5</u>	<u>7/28/03</u> \$ <u>315.00</u>						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND \$ <u>315.00</u>							
		8 TO BE REFUNDED BY:							
		<input checked="" type="checkbox"/> Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--							
10 REASON:									
<input type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):								
<u>Application not allowed</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>		TITLE: <u>adv</u>							
SIGNATURE: <u>Charlema Grant</u>		PHONE: <u>202-0251</u>							
OFFICE: <u> </u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u> </u>		DATE: <u>8/25/03</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B